ENTRY BLANK PLEASE TYPE OR PRINT Entered previous May Show Ms. Permanent Address _ Tel. (Temporary Address _ Street City Tel. (Permanent address is in what county? ______ Cuyahig Born in Cuyahoga County Collaborator _ (If Anv) If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. ☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information

Signature.

ENTRY BLANKS		•
☐ 1. Paintings ☐ 2. Grap		
Medium or Materials		
Ceramic		
Title Revenge		
Price or NFS Insurance Value If NFS Only	Size	(12"
GRAPHICS AND PHOTOGR	RAPHY ONLY	
Additional No. For Sale Total No. in Edition	Price Unframed	Price of Frame
UR25		
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
2-1-2		*
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200 (4)	10/23	J.C.
2 □ 1. Paintings □ 2. Grap ■ 4. Sculpture □ 5. Electi	10/23 hics □3. Pho	tography
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Medium or Materials Bronze	/0/23 hics □3. Pho ric □6. Cra	tography
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Title Price or NFS Insurance Value If NFS Only GRAPHICS AND PHOTOGRA Additional No. For Sale Total No. in Edition	hics 3. Phoric 6. Cra	tography fts Price of Frame

1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	Ms Candyce Noel DAMON
Address	1409 Maile Ave Apr 6
City & State	LAKEWOOD OH Zip 44107

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

will be mailed to you following judging.
= (10V16 =
Landys 1. Do NOT DETACH
1. Paintings 2. Graphics 3. Photography 4. Sculpture 5. Electric 6. Crafts
Medium or Materials
UR 25
Revenge-
DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED
250 (4) X
analyee hoef Semon 1877
2 DO NOT DETACH Jan 12, 2 D1. Paintings D2. Graphics D3. Photography 4. Sculpture D5. Electric D6. Crafts
1. Paintings 2. Graphics 3. Photography
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